COMMITTEE NAME 1 1 (A candidate's committee must include the candidate's last name in the name of the committee.) IMPORTANT: Indicate type of committee you are reporting for: (1) Statewidel Legislative/Ludge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Contral Committee (5) County Candidate (6) (10 Candidate (7) School Board or Other Political Studivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Studivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Studivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Studivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Studivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Studivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Studivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Studivision Candidate (8) County PAC (10) School Board or Other Political Studivision Candidate (10) School Board or Charles Studies Candidate (10) School Board or Charles Candidate (10) School B
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City, State \$\frac{1}{2p} \text{Code} \$\frac{1}{2}\$ Phone (\(\lambda{4}\right) \text{ Aspected } \frac{1}{2p} \text{ Code} \$\frac{1}{2}\$ Phone (\(\lambda{4}\right) \text{ Aspected } \frac{1}{2p} \text{ Comment or description:} \text{ Comment or description:} \text{ County Advocate for/against candidate(s)} \text{ Advocate for ballot issue(s)} \text{ Advocate for/against candidates and Local Ballot Committees Enter:} \text{ Comment or description:} \text{ County Advocate for/against candidates and Local Ballot Committees Enter:} \text{ County (if applicable)} \text{ Democratic} \text{ County: Chickasaw} \text{ County: Chickasaw} \text{ County: Chickasaw} \text{ Counties} \text{ Bank Account Name} \text{ Found F. Knot} \text{ Mailing Address or Parent Entity (PACs. if applicable).} \text{ Affillate, or Sponsor} \text{ To an E. Knot} \text{ Mailing Address } \text{ In applicable} \text{ Affillate, or Sponsor} \text{ To an E. Knot} \text{ Mailing Address} \text{ In applicable} \text{ Affillate, or Sponsor} \text{ To an E. Knot} \text{ Now Hampton Th Sous 59} \text{ Phone (441) 394 - 3366} \text{ Enter: State \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\frac{1}{2}\$ \$\text{ New Hampton Th Sous 59} \text{ Phone (441) 394 - 3366} \text{ Enter: State \$\frac{1}{2}\$ \$\text{ State} \$\frac{1}{2}\$ \$\text{ State} \$\frac{1}{2}\$ \$\text{ State} \$\frac{1}{2}\$ \$\text{ State} \$\frac{1}{2}\$ \$\text{ New Hampton Th Sous 59} \text{ Phone (441) 394 - 3366} Enditive moderates of SRA and SRB and the administration of the laws in lowe Code chapters SRA and SRB and the administration in the committee and all persons connected with the committee understand that they are subject to the laws in lowe Code chapters SRA and SRB and deministration in the committee and all persons connected with the committee and all pe
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NDICATE PURPOSE OF COMMITTEE - Check One Box
County/Local Candidates and Local Ballot Committees Enter: Office Sought: County Auditor Political Party (if applicable) Democratic County: Co
Political Party (if applicable) Democratic District: Year Standing for Election: 2008 Bank Account Name Doan E. Knoll Knoll for Chickasaw C. Auditor Name of Financial Institution/type of Account Security State Bank checking Mailing Address To y 2 2 0 th St City 1 State 1 Zip 1 New Hampton IA 50659 Statement of Affiliate in Mailing this document the committee affirms the following: 1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chanters 68A and 68B and the administrative
Date of Election: June 3, 2008 Sank Account Name Joan E. Knol Candidate name & Address or Parent Entity (PACs. if applicable). Affiliate, or Sponsor Affiliate, or Sponsor Toan E. Knol Mailing Address Joan E. Knol Mailing A
Bank Account Name Joan E. Knoll Candidate name & Address or Parent Entity (PACs. if applicable). Affiliate, or Sponsor Name of Financial Institution/type of Account
Knoll for Chickasaw Co. Auditor Name of Financial Institution/type of Account Security State Bank checkins Mailing Address 1794 210th St City 1 State 1 Zip 1 New Hampton IA 50659 State Mail Kiknoll Whot mail. Com STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following: 1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative
Name of Financial Institution/type of Account Security State Bank checking Mailing Address 1794 210th St City 1 State 1 Zip 1 New Hampton IA 50659 Phone (641) 394 - 3366 e-Mail Kiknell @ hot mail. com STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following: 1. The committee and all persons connected with the committee understand that they are subject to the laws in lower Code chapters 68A and 68B and the administrative
Security State Bank checking Mailing Address 1 1794 210th St City 1 State 1 Zip 1 New Hampton IA 50659 Phone (641) 394 - 3366 e-Mail Kiknoll @ hot mail. com STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following: 1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative
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New Hampton In 50659 Phone (641) 394-3366 e-Mail Kiknell @ hot mail. com STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following: 1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative
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1. The committee and all persons connected with the committee understand that they are subject to the laws in lowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the lowa Administrative Code.
2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible imposition of other criminal and civil sanctions.
3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form.
4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for statewide and local ballot issue PACs.
5. A candidate and a candidate's committee may only expend campaign funds as permitted by lowa code sections 68A.301 through 68A.303 and rule 351—4.25.
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.
Date Signature of Treasurer
Date Signed